

# Wisconsin Department of Regulation & Licensing

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## APPLICATION PACKET ADDENDUM (INTERNET)

### Dentist

For the application packet that you have just downloaded, there is an additional open book examination required.

Please complete this form and fax it to the number listed above. Once the form is returned we will mail the additional materials to the address you have provided. If you prefer, you can mail this form directly to the Department of Regulation and Licensing, P.O. Box 8935, Madison, WI 53708.

### **PLEASE PRINT OR TYPE**

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Full Name

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Daytime Phone Number

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Street Address

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PO Box

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City, State, Zip

Thank you.

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